





# Well Tagging Form

Unique Well Tag No: AKY 721 <sup>S02</sup>

## RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available
- PWS 07971X

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name KYLLONEN HILL WATER ASSOCIATION Last Name

Street Address PO Box 405

City Clinton State WA 98236

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address Parcel 57303-00-000D-0 Campbell Road

City Clinton County Island

T 29 N R 3 E W M Sec 22 SE 1/4 of the SW

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available.

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size or casing type or well housing, etc.)

Casing 6" 3/4" outside of well house  
on the west side

or Well Identification Tag

strapped to the well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

C	B	A
F	G	H
L	K	J
<input checked="" type="checkbox"/> P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

22

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit #

Date Issued

None

Application

Permit

Certificate

Claim

Exempt